GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Name of Meeting
Board
Date of Meeting
30 July 2026
Agenda item:
3.6

Composite Committee Report for Board			
Reporting Committee	**Chair**	**Lead Executive Director**	**Meeting Date**
Audit and Corporate Governance Committee	Kate Young	Zoe Pietrzak, Executive Director of Strategy, Finance and Performance Paul Veysey, Board Secretary and Head of the Board Business Unit	[23 June 2026]()
Quality, Safety and Improvement Committee	Clare Jenkins	Claire Birchall, Executive Director Nursing, Quality and Integrated Governance Meng Khaw, National Director Health Protection and Screening, Executive Medical Director	[04 June 2026]()
Knowledge, Research and Information Committee	Sian Griffiths	Iain Bell, Executive Director of Research, Data and Digital	[16 June 2026]()
People and Organisational Development Committee	Tamsin Ramasut	Neil Lewis, Director of People and Organisational Development	[16 July 2026]()
Hyperlinks to the agenda and papers for these meetings are included on the dates above.			

Executive Summary

This report covers the period since the Board last met on 28 May 2026.

A detailed summary of the matters considered at the Committee meetings are contained in Section 1.

Cross Committee Working

As part of the development of the Cross Committee working, this report has been updated to include a summary of any issues raised within the work of the Committee where there is an impact on other Committees. This has been included at Section 2.

Section 1: Matters considered by the Board Committees:

Summary of key matters considered by the Committee and any related decisions made:
Audit and Corporate Governance Committee (23 June 2026)

The Committee:
• Considered the Head of Internal Audit Opinion and Final Internal Audit Reports for Alerting Incidents, and Outbreaks and Patient Pathways (Diabetic Eye Screening Wales and Abnormal Aortic Aneurysm programmes).
    ○ Took **assurance** from the Head of Internal Audit Opinion for 2025/26.
    ○ **Noted** the Final Internal Audit Report for Alerting Incidents.
    ○ **Noted** the Final Internal Audit Report for Outbreaks and Patient Pathways (Diabetic Eye Screening Wales and Abnormal Aortic Aneurysm programmes).
• **Considered** the Draft Annual Financial Statement and Accounts 2025/26.
• **Considered** the Draft Accountability Report 2025/26.

Quality, Safety and Improvement Committee (04 June 2026)

The Committee:
• Considered an Emergency Preparedness, Resilience and Response report (EPRR) and:
    ○ Took **assurance** that Public Health Wales was compliant with statutory emergency planning duties and was maintaining effective preparedness and resilience arrangements and
    ○ **Noted** the key organisational risks and 2026/27 priority areas that would guide the forthcoming EPRR work programme.
• Took **assurance** on the progress made against the Quality and Clinical Audit Plan for 2025-26.
• Considered the Quality Governance Performance Report, noted the performance standards being achieved and areas for improvement and took **assurance** that appropriate governance was in place to ensure safe, timely, effective, equitable, efficient, and person-centred services.
• Considered an Engagement update and:
    ○ Took **assurance** on the progress made to date in strengthening Public Health Wales' approach to engagement with people and communities.
    ○ **Noted** the actions taken to improve capability and partnership working across the organisation within current organisational arrangements.
    ○ **Noted** that the Engagement and Collaboration Team would be transitioning toward an Equalities, Involvement and People's Experience (EIPE) function, to support organisational compliance in relation to our equality duties.
• Considered the Putting Things Right Annual Report and took **assurance** on the organisation's effective management of the implementation of the Putting Things Right Regulations (2011).
• Considered the Duty of Candour Annual Report, noted the learning from the two Duty of Candour (DOC) Cases and took **assurance** that DOC cases were being managed in accordance with regulatory guidance and the relevant policies and procedures, including organisational learning.

• Took **assurance** that there was focus on working to deliver quality screening programmes in line with delivery of excellent public health services to the population in Wales. • Took **assurance** on the management of Strategic Risk and Corporate Risk within its remit. • Considered the Health and Safety Quarterly Report and Annual Report and took **assurance** that appropriate arrangements were in place to monitor health and safety performance, manage risks, respond to incidents and regulatory engagement, and progress improvement actions through the Health and Safety Group and established governance routes. • Took **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within its remit. • **Noted** the Audit Recommendations Tracker update and the Final Internal Audit Report on Welsh Risk Pool. • Considered the NHS Wales Performance and Improvement Quarterly Governance Compliance Report and Annual Assurance Statement, and took **assurance** on the governance compliance.
Knowledge, Research and Information Committee (16 June 2026)
The Committee: • Took **assurance** on the management of Strategic Risks 1, 4 and 5 as of 1 April 2026. • Considered an update on the Corporate Risk Register, and took **assurance** that corporate risks were being scrutinised appropriately. • Considered a presentation on the Immunisation Programme, and took **assurance** on the arrangements in place to report and investigate inequalities in vaccine uptake. • Took **assurance** on progress on the implementation of the organisational Research and Evaluation Strategy. • Took **assurance** on the implementation and use of the PHW measurement system, and the work underway to further embed the measurement system into IMTP and performance reporting. • Considered a presentation on the Primary Care programme to reduce health inequalities, and took **assurance** that a comprehensive, evidence-based approach to system wide development of primary care was in place. • Took **assurance** that the Organisation was delivering its Digital and Data Strategy through the agreed Route map and had robust governance in place for managing digital and data work. • Took **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.
People and Organisational Development Committee (16 July 2026)
The Committee: • Took **assurance** on the management of Strategic Risk within the Organisation. • Considered an update on the Corporate Risk Register, and took **assurance** that corporate risks were being scrutinised appropriately. • Considered a presentation on Strategic Workforce Planning, and took **assurance** of the progress made with Strategic Workforce Planning in 2025/26.

- Took **assurance** on the progress with requests made to the Board by the Staff Diversity Networks to date.
- Considered an update on Organisational Change Management, and took **assurance** on the change portfolio and the management of change across the organisation.

Delegated action taken by Committees:
Audit and Corporate Governance Committee (23 June 2026)
The Committee: • **Recommended** the Financial Accounts and the Audit Wales Annual Opinion (ISA260) to the Board for approval. • **Recommended** the Accountability Report 2025/26 for Board approval.
Quality, Safety and Improvement Committee (04 June 2026)

The Committee **approved:**
• Submission of the Public Health Wales Annual EPRR Report 2025/26 to Welsh Government by the required deadline of 31 July 2026.
• The Quality and Clinical Audit Plan for 2026-27.
• The following policies and procedures:
  ○ Fire Safety Policy
  ○ Water Management Policy
  ○ Infection Prevention and Control (IPC) Policy
  ○ Managing Allegations of Abuse by Staff Procedure
  ○ Claims Management Policy
  ○ Claims Management Procedure.
 	
The Committee **ratified** the approval of a 12-month extension to the All-Wales Consent to Examination or Treatment Policy and took **assurance** that the action had been taken in accordance with Section 8 of the Standing Orders.

Knowledge, Research and Information Committee (16 June 2026)
None
People and Organisational Development Committee (16 July 2026)
The Committee **approved:** • The Welsh Language Standards Annual Report 2025-26 and More Than Just Words Annual Update for submission to Welsh Government and the Welsh Language Commissioner • The All-Wales Flexible Working policy

Iechyd Cyhoeddus Cymru
Public Health Wales

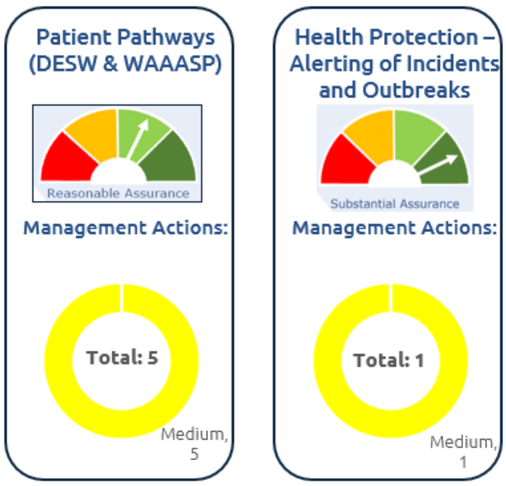
Key risks and issues/matters of concern of which the Board needs to be made aware:
Audit and Corporate Governance Committee (23 June 2026)
None.
Quality, Safety and Improvement Committee (04 June 2026)
None.
Knowledge, Research and Information Committee (16 June 2026)
None.
People and Organisational Development Committee (16 July 2026)
None.

Section 2: Cross Committee Working Summary

Summarise any considerations by Committees relating the identified cross cutting areas, such as dealing with those remitted items between committee, any escalation of the cross Committee working criteria.

<table>
<tr><th colspan="2">Cross Committee Issues</th></tr>
<tr><td>Information Governance</td><td>None.</td></tr>
<tr><td>Internal and External Audit</td><td>

The following Internal Audits were considered at Audit and Corporate Governance Committee meetings in June:



Health Protection – Alerting of Incidents and Outbreaks (Reasonable Assurance)
Patient Pathways (DESW & WAAASP) (Substantial Assurance)

These audit reports will also be submitted at the 10 September Quality, Safety and Improvement Committee meeting.

</td></tr>
<tr><td>Workforce</td><td>

The Quality, Safety and Improvement Committee reflected on the interrelationship between Strategic Risk 2 and 3, the impact on staff and staff wellbeing within Health Protection and Screening Services, and the need to align consideration of the two risks, alongside the People and Organisational Development Committee.

The People and OD Committee considered the equalities work underway and how this may be taken forward on a

</td></tr>
</table>

	cross-committee basis, including a potential Board Development session.
Risk	In-depth sessions on strategic risk are planned across each of the upcoming Committees.
Data and Digital	None.
Service Delivery	During the recent Board Development Session, there was a discussion regarding the mapping of Screening Assurance across the Committees. Additional actions and further discussions are planned to advance this initiative.
Clinical audit	None.

Section 3: Dates of next Committee Meetings

Date of next Committee meetings	
The next scheduled Committee meetings are as follows: (please note these are subject to change):	
Audit and Corporate Governance Committee	[3 September 2026]
Quality, Safety and Improvement Committee	[10 September 2026]
Knowledge, Research and Information Committee	[15 September 2026]
People and Organisational Development Committee	[15 October 2026]